

In re	Case No.:
Debtor.	(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

- ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ _____

a. Are real estate taxes included? Yes _____ No _____

b. Is property insurance included? Yes _____ No _____

2. Utilities: a. Electricity and heating fuel \$ _____
 b. Water and sewer \$ _____
 c. Telephone \$ _____
 d. Other _____ \$ _____

3. Home maintenance (repairs and upkeep) \$ _____

4. Food \$ _____

5. Clothing \$ _____

6. Laundry and dry cleaning \$ _____

7. Medical and dental expenses \$ _____

8. Transportation (not including car payments) \$ _____

9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ _____

10. Charitable contributions \$ _____

11. Insurance (not deducted from wages or included in home mortgage payments) \$ _____

a. Homeowner's or renter's \$ _____

b. Life \$ _____

c. Health \$ _____

d. Auto \$ _____

e. Other _____ \$ _____

12. Taxes (not deducted from wages or included in home mortgage payments) \$ _____

(Specify) _____

13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) \$ _____

a. Auto \$ _____

b. Other _____ \$ _____

c. Other _____ \$ _____

14. Alimony, maintenance, and support paid to others \$ _____

15. Payments for support of additional dependents not living at your home \$ _____

16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ _____

17. Other _____ \$ _____

18. ALL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ _____

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: _____

20. STATEMENT OF MONTHLY NET INCOME

a. Total monthly income from Line 16 of Schedule I \$ _____

b. Total monthly expenses from Line 18 above \$ _____

c. Monthly net income (a. minus b.) \$ _____